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village or	2FULL NAME Édward G. H-C	adhins	St.: Ward)	a hospital or institu- tion, give its NAME in- stead of street and number.)
PEF	RSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
male 6 DATE OF	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	(Day) (Year) (Year) (Year) (Year) (Year) (Year)
	(Month) (Day) (Year)	that I last saw h	Malive on	runa y/4, 19236
about	If LESS than day hrs.	and that death occur The CAUSE OF DEA	red on the date stated I'H * was as follows:	above, atm.
particula	e, profession or Farming	Ceorlie	Vigruga	Total
business,	or establishment in		(Duration)	yrsds.
9 BIRTHPL	-AGE or country)	Contributory	Junie In	yis 1908 de
FAT	ME OF HER Henry adkins	(Signed)	(Address) Sa	nous M.D.
CS1	THPLACE FATHER tate or country) Maryland IDEN NAME	/ /	is ase Causing Death, tate (1) Means of Inj or Homicidal.	
	MOTHER Mallie Parsons	18 LENGTH OF RE		als, Institutions, Trans-
13 BIR OF I	RTHPLACE MOTHER Late or Country) Mayland	At place of deathyrs	nosds. In the State	yramosda.
14 THE AB	OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea Former or	·N	
	(Address) Pitts ville me	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
15 Filed	au 14 191 Leland J. Trutt	20 UNDERTAKER M Parka	watson	Selbyville
-	If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	No. 1. O Del

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestle iirst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, tetinus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart disease; etc. The contributory Nomenclature etc., of

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Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acterion at term for the same dise.se. Examples: Cerebrosporate determ for the same dise.se. Examples: Cerebrosporate fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinkthoria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

approved "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumania (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory Measles ; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Deal-3 Spinner, en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a gaged in domestic service for wages, as Serund, Cook to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. tired 6 yrs). Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Drage CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrosyinal meningitis"; Diphtheria (avoid use of "Croup"); spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar presumonia, Bronchopneumonia ("Pneumonia.")

use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease (secondary Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcan be ascertained as the cause. Always qualify all "Puerperal septicaemia," "Puerperal peritonitis, ges, pertlonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway train as fracture of skull, and consequences (e.g., separs approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OFINJURY resulting from childbirth or miscarriage as cough; or intercurrent) Chronic affection need not be etc. The contributory valendar heart discuse;

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18	act	PLACE OF .DEATH	STATE OF MARYLAND
F	ŵ /	County Margarett	© CERTIFICATE OF DEATH
×,	pe		Registration Dist. No. 73
DRD	ly classif ficate.	Village or City alishing (No. 100) 2FULL NAME Mapy Christa	Ward) Ward) (If death occurred in a hospital or institution, give its NAME Instead of a street and number.)
. R.I	perti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MG WENT	y be preack of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Seugle OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
A PERM	at it ma	6 DATE OF BIRTH Jel. 21, 1866 (Month) (Day) (Year)	that I last saw heafive on San 10, 1921.
SA	ctio	7 AGE IfLESS than	and that death occurred on the date stated above, at 10.36 Am.
IS I	stru	6 2/ yrs. 10 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
TH Had	erm e in	B OCCUPATION / /	fill and fifth that
ER K	See	(a) Trade, profession or particular kind of work	General melastiss
S IN	n pla tant.	(b) General nature of industry business, or establishment in	(Durstion) Brown de
N R DING caref	rH In	which employed or (employer)	Contributory
AI	Imp	(State or country) Manuland	Secondary (Duration)de.
1 4 0	F D	10 NAME OF FATHER LEVILLE BOULES	(Signed) M. D.
TH	E S	M II BIRTHPLACE OF FATHER	192 (Address)
WI WI	AUS	Z (State or country) Allaware.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
rmat	PAT	of MOTHER Clipafeth Quissell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
AI	stat	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds,
Ja jo	PIO	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(中)E	shor	O. I last standard	Former or usual residence
N SH		(Informant) Red and Many Many	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 13
very	CIANS	(Address) Dalishay Mai	Luantres Ceny Jan 3. 193/
1 1	5 6	Filed an B 1921. A May hume Registrar	L. Will & Johnson Co. Salisbury Ms
A z		If more brenks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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> "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Deblity" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death can be ascertained as the cause. American Medical Association.) 'elanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Always qualify all Measles ;

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approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Heart, failure," "Hearorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. Whooping cough; American Medical Association.) tetanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU...Y by Committee on " "Heart, failure," " Haemorrhage, Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature contributory not be

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PLACE OF DEATH County Wremies (Month) 7 AGE

St:

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

Ward) (If death occurred in

- Core	tion,	give its NAME is of street and ber.)
MEDICAL CERTIFIC	ATE OF DE	ATH
16 DATE OF DEATH	/	, 193031
(Mont))(Da)	(Year)
17 I HEREBY CERTIFY, Tha	t I attended	the deceased from
192 to		, 192,
that I last saw halive on		192,
and that death occurred on the date	stated above,	atm.
The CAUSE OF DEATH * was as follow	ows:	
() PA		
Sullow	- C	w.
lo o		
(Duration)yrs,	ds.
Contributory Secondary		0+0+1++++0+00+++++00++0++0000000000000
(Signed) P (Duration	Mulst	mosds.
*State the Disesse Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, i of Injury a	n deaths from nd (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Ir	stitutions, Trans-
At place of deathyrsmosds.	In the Statey	rsds.
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL	DA	TE OF BURIAL

B SEX female 4 COLOR OR RACE While	5 SINGLE, single MARRIED, WIDOWED, OR DIVORCED (Write the word)
DATE OF BIRTH	

(Day)

(Year)

If LESS than I day hrs.

B OCCUPATION (a) Trade, profession or

mone particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER

(State or country)

15 Filed

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FEB 6

M H	PLACE OF DEATH County Many Commence	STATE OF MARYLAND CERTIFICATE OF DEATH
RE RD	Village or City Near Mardola 2FULL NAME Arthur H. D.	Registration Dist. No. 33 St.: Ward) St.: Ward) Colields Registration Dist. No. 33 (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MENT ENT	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. Single OR DIVORCED OR DIVORCED (Witte the word)	16 DATE OF DEATH 27, 195/ (Month) (Day) (Year)
	6 DATE OF BIRTH Dec 28 1909	17) I HEREBY CERTIFY, That bettended the deceased from 19250 to 7 7 , 1927 that I last saw han alive on 7 7 , 1927
ED FOR	O AGE If LESS than	and that death occurred on the date stated above, at 145 Am.
SERVE INKT	(a) I rade, profession or particular kind of work (b) General nature of industry	Rheumates Caedin rascular cleseal
FADII be ca	9 BIRTHPLACE (State or country) Maryland	Contributory Falming Electronics Secondary (Duration) yrs mos 2 ds.
TH	FATHER I GO TO TO DO TO	(Signed) M. D. (Address) M. D. State the Discour Caveing Death on In deaths from
W	(State or country) 12 MAIDEN NAME OF MOTHER Inla & Dashields	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
PLAIN of Info		At place of death yrs disease contracted, if not at place of death?
WRITE F	(Informant) William Vr. Dashields (Address) Mardela Mid	Former or usual residence
No. 1	(Address) Mardela IVI) Filed (MA) 195/ M telephory Registrar	Mardela Jan 30, 10.79
W Z		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimenation of the loborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septimacina," "PUERPERAL peritonitis," etc. State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

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V. S. No. 1

N. B.

1PLACE OF DEATH	06967 STATE OF MARYLAND
County Miconnied	CERTIFICATE OF DEATH
$n \cap n \cdot n$	Registration Dist. No.
Village or City M Salsbury No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Still forms	Aosman. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SUNGLE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 25-, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 25- 1931	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	
yrs. O mos. O ds. or O min.	
B OCCUPATION (a) Trade, profession or particular kind of work	Still form Missarriage
(b) General nature of industry business, or establishment in	(Durstion)yremosde.
which employed or (employer)	Contributory Muknown.
(State or country) (alisbury, Ma	Secondary (Duration) yrs
10 NAME OF Plantes Hitch.	(Signed) & May Jurgeer Local Gegige Jan 20 193 (Address) Salisbury Mid
OF FATHER (State or country) Maryland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER DORMAN	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sasah Stewart	usual residence
(Address) Salisluy, MS.	Public Cery. Jan 26 1931
Filed Jan 26 19231. J. May Turne Registrar	Robert Donnah Salisbury De
If more branks are needed, address State Registr.	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesmon, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when necded. As examples: (a) Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-,, etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Loborer-Cool mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the (6) Grocery; 1. re-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is lcss definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all diseose; not be

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STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist, No.

PLACE OF DEATH

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See met no one this to or at the

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescr," et:., (2) Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As cramples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to ouch and every cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, the first line will be sufficient, e. g.. Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, Architect, who are engaged in the dutics of the Laborerperson, irrespective of -Coul mine, etc. Locomotive engineer, not gainfully cm-(6) Grocery; Wom-

ed term for the same disease. Examples: Cerebros pital fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"): Dinhtheria (avvidence) Typhoid fever (never report "Typhoid Pneumonia"; Lobur pneumonia, Bronchopncumonia ("Pneumonia." Statement of Cause of Death-Name, first, the Dis-CAUSING DEATH (the primary affection with respect

> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sareoma,, etc., of "PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as 10 ds. unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death American Medical Association.) Examples: Accidental drowning; Struck by railway train-If this "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid unless important. Never report mere symptoms or terminal condiascertained as the cause. FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular heart disease; Example: Measles (disease etc. Nomenclature The contributory Always qualify all etc.), "Dropsy,

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PLACE OF DEATH	06969 STATE OF MARYLAND
County Wicomici	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salisbury (No. Pe	Send Hospital 13Ward) (If death occurred in a hospital or institution, give its NAME in
m. fm.	tion, give its NAME in-
2FULL NAME //US. Plannie	huyder - p (number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale While (Write the word)	16 DATE OF DEATH Jan. 2 , 193 d (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Unknowy	hec. 13 1980 to Apan, 2, 1931,
(Month) (Day) (Year)	that I last saw h Walive on Jan 2, 192 1,
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION ds. or min.?	facility was for
(a) Trade, profession or particular kind of work	accidentally fell off of poich curs R
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) vis mos ds.
9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary
10 NAME OF	Dustion to mos ds.
FATHER Conferoley.	(Signed) M. D.
0 11 BIRTHPLACE OF FATHER	102 9 (Address)
Z (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) Kukenous	of deathyrsmosds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Ily Seri Hokital	Former or usual residence Premish By
Do or Mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sallsburg, 1900	Must phurch by fant, 19 %
15 Filed Jan 2 1983/. De May Junes	20 UNDERTAKER ADDRESS
Registra	1. A. Lelluson of the account
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 N/ Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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RESERVED

MARGIN

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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1931

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V. S. No. 1

PLACE OF DEATH County Wicomics	STATE OF MARYLAND ON 972 CERTIFICATE OF DEATH Registration Dist. No. 3 3/
Village or City Lebrum (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH 22 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than 1 day hrs. 1	that I last saw har alive on the date stated above, at 3 cm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Wroomics	Contributory Secondary (Durstion)
10 NAME OF FATHER Calbert Mutchell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Wiconnics 14 C	(Signed) X. Le Correction M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Browler Turn (Address) Hebru 15 Filed Jay 32 1981 Mrs & Maclac Registrar 7	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Luy 2 \$, 19 3 20 UNDERTAKER ADDRESS June World Debroid ABURIAL ADDRESS June World Debroid ABURIAL ADDRESS ADDRESS ABURIAL ADDRESS ABURIAL ADDRESS ADDRESS ABURIAL ADDRESS ABURIAL ADDRESS ABURIAL ADDRESS ABURIAL ADDRESS ABURIAL ADDRESS ABURIAL ABURIAL ADDRESS ABURIAL ABURIAL ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specincation as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. (a) the kind of work and also (b) the Locomotive But in many engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from ehildbirth or miscarriage Committee on Nomenclature of the Chronic etc. The contributory affection need not be valvular heart Always qualify all Measles; disease; etc., of

If this certificate is looked over thoroughly and a'l questions aparered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Turner (retired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Screeni, Cooh, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) whatever, write None. or given up on account of the DISHASE CALLING TEXTIF to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, House household only (not paid Househeepers who receive a laborer, Farm laborer, Laborer-Coal mind etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamotive engineer the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of fulness of various parsuits can be known. Statement of Occupation -- Precise statement of oc-For many occupations a single word or 97 41 Home, and children, not grinfully em-As exactles: (a) But in many The ques Crocery; term on

EASE CAUSING DEATH (the primary affection the process causing death), using always the same are detected to time and causation), using always the same are detected term for the same disease. Examples: Teach a populative (the only definite synonym is Epidemic or application fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revelver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemin," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Droper." "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing stated unless important. Chronic interstitial nephritis, etc. The contributory inges. peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee vulsions." use of "Tumor" inqualified, is indefinite); Tuberculosis of lungs, men (secondary Whooping cough; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 "Debility" or intercurrent) affection need not be for malignant neoplasms); Chronic ds.; Bronchopneumonia ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (discase valvulur heart discuse; failure." "Haemor-"Coma," Measles, (merely (second-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County live huises.	CERTIFICATE OF DEATH
	Registration Dist. No. 333
if all of	
2FULL NAME Swar (Novel)	(If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 193 ,
6 DATE OF BIRTH Linknown, 1878	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE about If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follows:
23 yrs. mos. ds. or min.?	A A
8 OCCUPATION (a) Trade, profession or particular kind of work	(allum of oglinis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Tuytes mos mos de,
9 BIRTHPLACE (State or country)	Contributory Leslows Leslow
1 10 NAME OF	(Durstion) yrsmosds.
FATHER	(Signed)
o 11 BIRTHPLACE	(Address) hugh
OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Yussu waskell.	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosdsin the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Assessed Co, Rey
0. 10 70 1.00	Former or usual residence Clustrial lend
(Informant) Livilly Rassell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cusfield, Md.	Crispelds Ind. s Jan. 23, 1,3/
Filed Jan 2/ 1923/. & May Junes Registras	ohn a. Bradhaw Cristilly
If more banks are needed addre.s tate Negistra	16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more pieces or laborer, Farm laborer, Laborer—Coul mine, etc. Womlaborer, Farm laborer, Laborer—d in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect, to time and causation), using always the same accepted term for the same dise-sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal in a meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as Chronic Example: Measles (disease " "Coma," "Convulsions, etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6

100	xact	1PLACE OF DEATH	STATE OF MARYLAND	
F	lai l	County Wicomico	CERTIFICATE OF DEATH	
>	led.	WITHIN BORPORKES SINCES OF	Registration Dist. No. 333	
CORD	roperly classifled certificate.	Village or City Salisbury md (No. Pennsul	a General Hampital. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
T I	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EN e	back of	male 4 COLOR OR RACE 5 SINGLE. MARRIED. Single WILDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Annaly (Month) (Day) (Year)	
A PER.	that it me	6 DATE OF BIRTH april 3 may 2, 1915 Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from fam 12 ,1931, to fam 13 ,1931, that I last saw h m alive on fam 13 , 1931,	
HIS IS	ms so the	7 AGE 15 yrs. 9 mos. 10 ds. or min.?	and that death occurred on the date stated above, at 7140 Pm. The CAUSE OF DEATH * was as follows:	
TXNI	plain ter	a) Trade, profession or particular kind of work (b) General nature of industry	Acuste fellinus	
ADING Se carefu	EATH In Importar	business, or establishment in which employed or (employer)	Contributory Secondery (Duration) Vis. mos. ds.	
H UNI	S very	10 NAME OF FATHER M. Ses. L. Hastings.	(Signed) M. D. M. D. (Address) Milesty Suf	
WIT ion s	AUSE	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
rmat	PAT	of MOTHER Prosie White	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Frans- ients or Recent Residents)	
LA Info	d stat	13 BIRTHPLACE OF MOTHER (State or Country) Lelevare	At place of deathyrsmos. 2. ds. In the Stateyrsmos. 2 ds.	
777	of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?	
RITI	s sho	(Informant) Pen. Gen. Hospital	Former or usual residence allman all 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
₩ Yery	CIANS	(Address) Salisbury md	M. P. Con Suran Jan 15-181	
 	ပ်ဖွ	Filed Jan 14 19231, & May Tunner Registras	Mile & marve (DElmar to	
1	If more hanks are needed, orders a take heristrar, 16 W. Saratora St., Balton, Leguesting V. S. No. 1.			

0.0975

The Moch

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census ɛnd American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, (b) For persons who have no occupation Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the pissease CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted ed term for the same disese. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic etc. The contributory valvular heart not be

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Item of should

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That attended the deceased from 6 DATE OF BIRTH ction (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at-1 day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENTS OF FATHER *State the Disease Causing Death, or. riolent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER (State or Country) 70 Where was disease contracted, of if not at place of death? Every Item CIANS sho statement usual residence. DATE OF BURIAL 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Halto., Requesting V. S. No. 1.

(2) Whether

and

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cases, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nanc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day 6 Automobile factory. The materia Laborer-Coal minc, etc. Wom-6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros phal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Bronchopneumonia ("Pneumonia");

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Evhaustion," "Heart failure," "Haemorrhage, (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septionomia," "PUERPERAL peritonitis," etc. unqualified, is indefinite); Tuberculasis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, telgnus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection necd etc. valvular heart Nomenclature The contributory Always qualify all discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN	WITH UNFADIN	n should be car
	WRITE PLA	N. B Every item of information should be can
V & No. 1		N. BE

PLACE OF DEATH	STATE OF MARYLAND		
County Wie built	CERTIFICATE OF DEATH		
MITAL CHARACTERS OF STATE OF S	Registration Dist. No. 333		
Village or City Sales Tren, Mild. 1	u. Soil, Hospital or institu- tion, give its NAME in		
Stiller NAME Bally Litt- I render Deur namber of street an			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1928 , (Month) , (Day) , (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
1-4- 1931	, 192, 192, 192,		
(Month) (Day) (Year)	that I last saw halive on, 192,		
7 AGE If LESS that I day here I day h	s. The CAUSE OF DEATH * was as follows:		
a) Trade, profession or particular kind of work	Minakuellisth		
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds,		
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs mos ds.		
FATHER & Queuns & with	(Signed) M. D.		
OF FATHER Z (State or country) 12 MaiDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER Coma rela Barran	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?		
(Informant) Ven. Gent Hospital (Address) Salisbury, Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15 Filed Jan 5-1981. L. May Turner Registras	20 UNDERTAKER THORSESS		
	ar, 16 W. Saratoga St., Balto., Lequesting V.S. ho. 1.		

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healther," etc., without more known Coal mine, etc. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (relitined 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Solesmon. (b) Grocery; (b) Automobile factory. The materia As examples: (o)

Statement of Cause of Death—Name, first, the pismase causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; ChronicExample: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Disable (No. St.: Ward) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 3 SINGLE WINOWED Winowed	PLACE OF DEATH County Wicemster	0.0978 STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE White the word) 6 DATE OF BERTH AGE STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Month (Day) (Year)		
3 SEX A COLOR OR RACE WINDOWSD WINDOWSD OR DIVORCED WINDOWSD WINDOWSD OR DIVORCED WINDOWSD WINDOWSD WINDOWSD OR DIVORCED WINDOWSD WO WOOND WOO	0.7.0	a hospital or institution, give its NAME in stead of street and
MONNED DATE OF BIRTH SOUTH OF BIRTH OMONTO DE DESCRIPTION (Nonth) (Day) (Year). I HEREBY CERTIFY. That I attended thy deceased fear and that death occurred on the date stated above, at 192 (192 (192 (192 (192 (192 (192 (192	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Soccupation Company	MARRIED, MANUEL	Jan 26, 1951
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF MOTHER 13 BIRTHPLACE (OF MOTHER IS BEET OF MY KNOWLEDGE (State or Country) 14 THE ABOVE IS TRUE TO THE BEET OF MY KNOWLEDGE (Informant) 15 Filed 16 OF BURIAL OR REMOVAL Address) 16 DEATH * was as follows: (Durstion) (Address) (Durstion) (Address) (Durstion)	July 2, 1862	1-22 1931.0, 1-26, 1931
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Discontinuous pushing the particular kind of work (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEET OF MY KNOWLEDGE (Informant) (Address) (Addres	1 day hrs.	The CAUSE OF DEATH * was as follows:
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*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transficted of death yrs	FATHER AMULA	(Signed) Dalles rules M. D.
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Filed (au 2/1921) Chalton Miller III . (a) 10-1	B in lete elid	Frisley Gem Bindre Md Jan 27. 1951
If more highly are needed, address State Registrar, 16 W. Saratora St., Baito,, Requesting V. S. No. 1.	Filed Mill 1 192 1 Mark Fresh Villette	Mrs les Resido Adore Biralso My

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more properties of the laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery, (b) Automobile factory. The materia

Statement of Cause of Death—Name, first, the DIS-LEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was undertaken. For violent deaths state means of injury "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature Measles; etc., or

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classifi (If death occurred in a hospital or institution, give its NAME is stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. bod may be WIDOWED OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from ō that tions [2] (Day) (Year) alive on 7 AGE IIf LESS than nstruc 0 and that death occurred on the date stated above, at I day hrs. pe rms OCCUPATION te (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in(Duration) which employed or (employer) I Contributory mp MARGIN 9 BIRTHPLACE Secondary (State or country) PA EA (Durstion) OB 10 NAME OF FATHER la. O 00 (Address) 11 BIRTHPLACE OF FATHER のス Z *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether 20 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 OF MOTHER a LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 0 n. ients or Recent Residents) CC 13 BIRTHPLACE In the At place OF MOTHER of death _____yrs.____mos.___ds, (State or Country) O Where was disesse contracted, it not at place of dea.h?.. shoul of 14 THE ABOVE IS TRUE IANS sho Former or usual res.dence M O B If more banks are needed, addre. s tate Negistrar, 16/W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more parent coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. to report ployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on especially in industrial employments, it is neccsspecifically the occupations of persons en-(b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); S. Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

permanently filed.

'tctanus' may be stated under the head of "contributory." > approved If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Wcakness," etc., when a definite disease st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. The valvular heart disease; contributory

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a hospital or institution, give its NAME in stend of street and

number.)

MEDICAL CERTIFICATE OF DEATH

(Month)(Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OR DEATH * was as follows:(Durstion) (Duration)

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the of deathyrs......mos......ds. State yrs mos Where was disease contracted,

ACE OF BURIAL OR REMOVAL

DATE OF BURIAL

16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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PERSONAL AND STATI 3 SEX 4 COLOR OR RA 6 DATE OF BIRTH 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS (State of country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE B

00981

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33 &

(If death occurred in a hospital or institu-tion, glve Its NAME in-stead of street and number.)

TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
/ A , 1862 (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
lf LESS that I day hrs	. The CAUSE OF DEATH * was as follows:
exchold duliss	
	(Duration) yrs. mos 2 de
Ld,	Contributory Secondary (Duration) 7 78 mos de
Covington	(Signed) . S. (Address) M. D.
rd o	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Guglion	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
nd.	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
T OF MY KNOWLEDGE	if not at place of death? Former or usual residence
splown. md.	Sharplown DATE OF BURIAL
mary E. Man	20, UN DERTAKER ADDRESS 1. A. Fravanor Hiso Sharblown,

If more branks are needed, address State Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1./

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

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REVISED ERTIFICATE UNITED STATES 0 DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

busines that fact may be indicated thus: Furmer (r state occupation at legeneric of illness or given up in account of the pullage causing DEATH gaged in donestic service for warrant and recat, Cook ployed as at school or at home. Car should be taken definite salary), may be entered a. Housewije, household only (not paid Hou cheepers who receive a en at home, who are enguest in the duties of the laborer Parm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner: (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer: Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter tion applied to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health whatever write None. tired 6 278.). For persons who have no occupation to report specifically the occupation of persons en-(a) Foremen; (b) Automobile factory. Statement of Occupation Precise statement of oc For many occupations a single word or term on specially in industrial employments, it or Al Home, and children, not gainfully emknow (a) the kind of work and also (b) the without more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-As evangles: (a) If retired from Th: material cagincor House-

spinal meningitis"); Diphia r.a (avoid use of "Croup" to time and causation), using always the same accept Typhoid ferer (never report ed term for the same disease. Examples: Carebrospin EASL OU THE BEATH (the primary affection with respect Statem . ! of tause of Beath-Name, first, the m the only definite synonym is "Epidemic cerebro pneumania, Branchopi cumonia ("Pheumonia pneum-nia")

> ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); mges, peritonacum, etc., and qualify as accidental, suicidal, or Homicidal, or "Dropsy," "Exhaustica," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.; Bronchopnoumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men quences train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely "PUERPERAL seplicaenia." "PUERPERAL poritonitis," diseases resulting from childbirth or misearriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions," "Debility" Whooping cough; Chronic valvular heart Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." Poisoned by carbolic acid-probably suicide. The na-Examples: State cause can be ascertained as the cause. of the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the Accidental drowning; Struck by railway for which surgical operation was under ("Congenital," "Senile," etc.), (Eccommendations on state-Carcinoma, Sarcoma, etc., oi TranH". Example: Measles Always qualify all failure." The contributory Committee on "Haemordiscase; Mousics; (disease terminal (merely (seeond-"Conetc.

ence. All the data is essential and must be obtained before the certificate is permanently filed. of thi s certificate is looked over thoroughly and all ques-

SI-	PLACE OF DEATH	STATE OF MARY
Z.O	County Thurmus	CERTIFICATE OF
ACTLY, Flassified.	Village or City M. Silvam (No.	Registration Dist. No. St.: 7 Ward) (If de a hosp tion, stead
EX Ijve	2FULL NAME MOSISMA MALS	stead number
stated EXAC properly slain of certificate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
be st be pr ck of	Sex 4 COLOR OR RACE MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH AND, (Month) (Day)
shot titm son	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I strended the str
upplied. ACE terms so than see Instruction	7 AGE If LESS than day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
be carefully s EATH in plain important. So	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Contributory Contributory Contributory Contributory
Information should be state CAUSE OF DE.	10 NAME OF FATHER Skilliam (Abbit 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Clinable Baunds 13 BIRTHPLACE OF MOTHER (State or Country) 14 MOTHER (State or Country) 15 MOTHER (State or Country)	(Signed)
Every Item of CIANS 5500 statem of of	- (Informant) My, and The Best of MY KNOWLEDGE (Address) Chen, M. R. S. V.	if not at place of death?
8.	Filed fan 7 1923 F. May June Registrar If more banks are needed, address State Registra	The Hill & Honor Co. Sale
(Fig. 1)	If more Dianks are nasded, audians State Activities	.,

MARYLAND E OF DEATH

Dist. No. 3

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH JAN.	5 , 195/.
	(Day) (Year)
17 I HEREBY CERTIFY, That I	
100/. to	The J , 190/
that I last saw halivo on	, 192
and that death occurred on the data state	10:30P
The CAUSE OF DEATH * was as follows:	d above, at Z
0 -0 -	STATE STATE OF THE STATE OF
unto Trastin	Carlo
	, A
Talut was dias	
Caluar Was Question)	VIA MOS d
) am	
Contributory Secondary	
(Dustin)	mos d
(Signed)	A Grand
1/6 00/(Add 1/4/2	hy my
, *State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	n, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp	oitals, Institutions, Tran
ients or Recent Residents)	
At place of death yrs	ateyrsmosd
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Silvan, Md.	////3/, 19
20 UNDERTAKER	ADDRESS
The Will & Haden Co.	Salishungen

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation. (a) the kind of work and also (b) the Laborer--Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical, fever (the only definite synonym is "Epidemic cerebrospical, spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Always qualify all

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FEB 6 19

	01022
PLACE OF DEATH	STATE OF MARYLAND
County Wycomics	CERTIFICATE OF DEATH
In A Eastern Sh	In Intriculms Registration Dist. No. 1933
Village or City alleburg (No. Sa 2FULL NAME Clarence Mon	St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male While Single, Marriel OR DIVORCED (Write the word)	16 DATE OF DEATH January 9, 1931 (Month) (Day) (Year)
Secustre 26, 1906 (Month) (Day) Year)	17 I HEREBY CERTIFY, That I attended the deceased from Security 20, 1930. to famuray 9, 1931, that I last saw here alive on January 9, 1931,
30 yrs. mos. 14 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Vuluonay tubuculois
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Primale Ris, Ma	Contributory Secondary (Duratigs) yrs
10 NAME OF Benny Morgan	(Marles & Steephey M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER (State or country) 12 MAIDEN NAME	*State the Usease Causing Death, or, in daths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Riggie I meth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the all his left
(State or Country) Stocklon, Ma	At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, walls buy, Md. if not at place of death?
(Informant) Hank Morgan	Former or usual residence 907 Church St., Salisbury. Ma
124 River Salesting Ind.	Parsons am Jan. 12, 1931
15 Filed Jan 12 1931. V. May Turker	Holoway & Co Salishing Md
If more bianks are needed, address State Registra	r, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-" etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

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of infor-

CAUSE mation

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0)-a
County M Manuel	Registration Dist. No. 333
Village or City Zambland and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs3mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alice Verginea S	GRAN
7 12 1	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH WAY 27 193 / (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. THEREBY CERTIFY. That I attended deceased from Junuary 26, 1931, to Junuary 27, 1931
6. DATE OF BIRTH (month, day, and year) (OPL 15 193)	1 /ast saw h le slive on Junalory 27, 1981; death is said
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at
2 2 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	From La- Freumonia 1-25.31
9. Industry or business in which	(Prim area)
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland, (State or country)	
I IS. NAME SHAM, Saxan	
13. NAME 14. BIRTHPLACE (city or fown) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Phymese Was there an autopsy? **
E 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Spagn 2ax on (Address) + miles of market	(Specify city or town, county and State) * Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 7 within 2 Date In 28, 1931	Neture of injury
19. UNDERTAKER Chas a Rymell	24. Wes disease or injury in eny way related to occupation of deceesed?
(Address)	If so, specify Anthony And June 11
20. FILED Jan 28, 1931. V. May June. Registrar.	(Signed) (Signed) M.D. (Address) Salis Vivy Mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal course of death and the Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		B	6987
1	act act	PLACE OF DEATH	STATE OF MARYLAND
V	Exact	County Vicomico	CERTIFICATE OF DEATH
1	K, P		Registration Dist. No. 333
0	17.0	Village or City Salistury (No. 417 6.)	William St.: 5 Ward) (If death occurred in
ORI	EXAC ly class ficate.	2FULL NAME Levi Suinton	Shockley ward a hospital or institution, give its NAME in stead of street and number.)
Z	ated oper certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EN	be st be pr ck of	Male Whit SINGLE, MARRIED, MIDDENNICO OR DIVORCE the word)	(Month) (Day) (Year)
) W	ma m b	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from
BIN	she It I	Mars X 8 1872	Jan 24 1903/10 Jan, 24, 1923
N 4	hat	(Month) (Day) (Year)	that I last saw hamalive on Jour 24, 1983
-0 IS	o tl	7 AGE [If LESS than	and that death occurred on the date stated above, at
SI	ed. s s	79 X X//d day hrs.	The CAUSE OF DEATH * was as follows:
E H	in in	yrs. mos. or min.?	(B. Derra) Total
₹]	Sur See	(a) Trade, profession or Josephan	Ceagua seems
SE	> 0 1	(b) General nature of industry	registing a rustouf deall
G R	n p	business, or establishment in which employed or (employer) Word working Plan	(Duration)ds
ZZ	H i	9 BIRTHPLACE	Contributory Secondary
GII	EAT im	(State or country) Maryland	(Dutstien) Jys. mos, ds
MAR	ory ory	10 NAME OF 9 1 1 1 1 1 1	(Signed) Secules 7 Scoper M. D.
Σ	OF O	11 BIRTHPLACE	1 # 1923/ (Address) Calestry wa
VITIV	USE	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	CAU	12 MAIDEN NAME All: ESPANAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	200	13 BIRTHPLACE	ients or Recent Residents)
.AI	1 1/6	OF MOTHER (State or Country) Maryland	At place of deathyrsmos,ds, Stateyrsmosds
PI	of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
E	Ect	(he a d 11 11	Former or usual residence.
WRI	ite S sl	(Informant Me Bulin H. Shockley:	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	Every if	(Address) 17. E. William of Jalishe	Hammond Cens an . 26, 13/
No. 1	B EV	15 Filed Jan 26 19231. & May Junes	20 UNDERTAKER Salishus Md
2.	ż	If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	2		1/

- Albert

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Further to tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Campasitor, Architect, Lacomotive orgineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At schaal, ar At hame. Care should be taken definite salary), may be entered as Hausewife, House-Statement of Occupation-Precise statement of oc Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Fareman, (b) Autamobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the bisease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcama, etc., of approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Paisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" atic), "Atrophy," "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Exhaustion," Whooping American Medical Association. Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Branchapncumania (secondary), ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic valvular etc. The contributory Always qualify all heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No.

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06988
STATE OF MARYLAND
© CERTIFICATE OF DEATH
P Registration Dist. No. 333
St.: 9 Ward) a hospital or institu
tion, give its NAME in stead of street an number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH MULARY 29, 1931
17 I HEREBY CERTIFY, That I attended the deceased from
, 192 to, 192
that I last saw halive on, 192
and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
Primarus Still 12000
(Duration) yıs
Contributory Secondary (Duranon) yrs mos de
(Signed) Mitter Hilly Dispure M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROME bremises Law 31, 193
20 UNDERTAKER acting & ADDRESS
, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the histers causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croud"), Typhoid fever (never report "Typhoid Pneumonia,").

approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (etanus) may be stated under the head of "contributory." .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ChronicCarcinoma, Sarcoma, etc., of Example: Measles (disease affection need not be etc. valvular heart Always qualify all The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1931

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fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

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en at home, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. Total mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womcupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekcepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer [reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on who are engaged in the duties of the (b) Automobile For persons who have no occupation Stationary fireman, etc. But in many Salesman. factory. The materia As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the pisses Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosis inal meningitis"); Diphtheria (avoid use of "Croup"); I thought fever (never report "Typhoid Pneumonia"); Diphtheria (avoid use of "Croup"); I tobar pneumonia, Bronchopmeumonia ("Pneumonia,")

anawered in detail, it will prevent further correspondence. All the data is, essential and must be obtained before the certificate is

permanently filed.

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," st. ted unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi If this certificate is looked over thoroughly and all questions approved by Committee on Nomenclature of the as fracture of skull, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, valvular heart disease; affection need etc. The contributory not be

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

DATE OF BURIAL

ADDRESS

number.)

(Day)

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is necesfulness of various pursuits ean be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retried from en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrund, Cook, Housenmid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The inaterial (a) the kind of work and also (b) the mill; (a) Salesman. person, irrespective of Coal mine, etc. Wom-Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrowpinal') fever (the only definite synonym is "Epidemi cerebrotespinal meningitis"); Diphtheria avoid use of "Creup"); Spinal meningitis"); Diphtheria avoid use of "Creup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("'Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection measures (disease Whooping use of "Tumor" for malignant neoplasins); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely ean be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fraeture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart "Haemorrhage, disease;

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(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH That Nattended the deceased State the Disease Causing Death, or, in deaths from Vidlent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Hospitals, Institutions, Trans-In the

ADDRES

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Former frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Ai school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physicion, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, Or For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Loborer-Coal minc, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Doy (b) Automobile factory. The material Architect, Locomotive engineer, . (b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia") ed term for the same synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrosponal to time and EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia, causation), using always the same accept-

> "PUERPERAL septicaemia," "PUERPERAL peritonitis, "('Inanition,') "('Heart Janus, ') "Old Age, ') "Shock,"
> "('Inanition,') "('Marasmus,') "Come a definite disease
> "('Uraemia,') "Weakness,') etc., when a definite disease corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of belanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic van The and consequences (e. g., sepsis, valvular heart disease; Nomenclature of the contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

PLACE OF DEATH	STATE OF MARYLAND
County Wisomico	CERTIFICATE OF DEATH
A STENER CONTRACTOR OF THE STENER CONTRACTOR O	Registration Dist. No. 333
Village or City Salisbury (No. Se	1 Gent Hospital 13 Ward) a hospital or institu-
and the William State of the st	tion, give its NAME in-
2FULL NAME Webster, Baby	Gul - 309 Baker Stalesbury Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale While. Single, MARRIED, single. OR DIVORCED (Write the word)	16 DATE OF DEATH Jan. 3, 198 / (Month) (Day), (Year)
6 DATE OF BIRTH A	17 1 HEREBY CERTIFY, That I attended the deceased from
Man. 1 1931	Jan 1923 to Jan 3 , 193/
(Month) (Day) (Year)	that I last saw helt alive on for 1921,
7 AGE If LESS than	and that death occurred on the date wated above, at
yrs. mos. 2 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Quatin -
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	2
which employed or (employer)	(Duration)yrede.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF MV. James H. Webster	(Signed) Motter M. D.
IN STATES	*State the Disease Causing Death, or, in Jeaths from
Z (State or country) ACOCOC.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elsie Hashings.	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of deals?
Par la Polar to	Former or usual residence July Light
(Informant) Sen. This Haguilar	19 PLACE OF BURIAL OR REMOVAL
(Address) Salisbury TVII	Parsons Cem. Jan. 3, 131
15 Filed Jan 3 1928 & May Tunel	20 UNDERTAKER LADDRESS LADDRESS Md.
If more b.anks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specimeauron laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-

s, inal meningitis"); Dinhtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic ccrebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> If this certificate is looked over thoroughly and all questions agazered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

V. S. No. 1

(N)	PHYSI- d. Exact
	RORD	THE In plain terms so that it may be properly classified. Exact
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IN RESERVED FOR BIND WE	S IS A PER	d. ACE sho
SERVED	INKTHIS	uily supplied
N	DING	caref

PLACE OF DEATH	STATE OF MARTLAND
County MUSMUS	CERTIFICATE OF DEATH
1 11	Registration Dist, No. 222
Village or City M. Salishur (No.	St.: Ward) (If death occurred a hospital or inst
	tion, give its NAME stead of streat number.)
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MUDOWED. OR DIVORCED (Write the word)	ried 16 DATE OF DEATH Month) (Day) (Year
6 DATE OF BIRTH Rod. 6 , 1	854 I HEREBY CERTIFY, That attanded the deceased f
(Month) (Day)	(Year) that Vlast eaw halivo on 192
7/2 m/ 15 1 da	ess than and that death occurred on the date stated above, at
occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Cenebral Human
business, or establishment in which employed or (employer)	(Durstion)yrsmos
9 BIRTHPLACE (State or country) Mulling	Contributory Secondary (Duration) yrsmos
10 NAME OF FATHER PLEY J. Fillian	(Signed)
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANY distance	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mullian	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) M. A. N. Milles (Address) Salishury Rd. R.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR VIEW ON CONCENSION 1/2 4/3/19
15 Filed Jan 24 19231, J- May Jus	mes 20 UNDERTAKER JANAN & Jalishung
Filed fam = 19201. Strong fam.	mer of Thing and allis

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Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmor (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-6) engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-the ed term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemid cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicidc; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved by Committee on Examples: Accidental drowning; Struck by railway train "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of death . (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart etc. The contributory Nomenclature Always qualify all disease;

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Pito., Requesting V. S. No. 1.

Throughour vo

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Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted the term for the same disease. Examples: Corebrospikal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Spinal meningitis"); Diphtheria avoid Pneumonia "Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopmaumonia ("Pneumonia");

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